PA 14-214—SB 438
Public Health Committee

AN ACT CONCERNING A TASK FORCE TO STUDY STROKE AND REPORTING ON HEALTH CARE-ASSOCIATED INFECTIONS

SUMMARY: This act establishes a 12-member task force to study issues related to stroke, specifies its charge, and requires that it report to the Public Health Committee on or before January 15, 2016. The task force terminates on the date it submits the report or January 15, 2016, whichever is later.

The act also (1) expands the scope of the healthcare associated infections report, which the Department of Public Health (DPH) delivers annually to the Public Health Committee and (2) requires DPH to post information regarding these infections on its website.

EFFECTIVE DATE: Upon passage, except for the provision on healthcare associated infections, which takes effect October 1, 2014.

STROKE TASK FORCE

Charge

The act requires the task force to study the:
1. feasibility of adopting a nationally recognized stroke assessment tool;
2. establishment of emergency medical services (EMS) care protocols for assessing, treating, and transporting stroke patients;
3. establishment of a plan to achieve continuous quality improvement in (a) providing stroke patient care and (b) the stroke response system; and
4. feasibility and costs of establishing and maintaining a statewide, hospital stroke designation program administered by DPH.

Membership

The task force members are:
1. two representatives of the American Academy of Neurology, appointed by the House speaker;
2. two representatives of the Stroke Coordinators of Connecticut, appointed by the Senate president pro tempore;
3. two representatives of the Connecticut College of Emergency Physicians, one each appointed by the House and Senate majority leader;
4. one representative of the American Heart Association, appointed by the House minority leader;
5. one representative of the Connecticut Hospital Association, appointed by the Senate minority leader;
6. the DPH commissioner or her designee;

7. two members appointed by the DPH commissioner; and
8. one representative of the EMS Advisory Board, appointed by the governor.

One of the people appointed by the House speaker, Senate president pro tempore, and majority leaders must represent a hospital that is not certified as a stroke center. Appointing authorities must make their appointments by July 13, 2014 and fill any vacancies.

Procedures

The DPH commissioner must schedule and hold the first meeting by August 12, 2014. She must also select a chairperson from among the task force members. The Public Health Committee's administrative staff serves as the task force's administrative staff. Task force members serve without compensation, but may be reimbursed for necessary expenses. The act specifies that a majority of the task force members constitutes a quorum and a majority vote of a quorum is required for any official action.

HEALTHCARE ASSOCIATED INFECTIONS REPORT

By law, DPH must annually report to the Public Health Committee on the information collected through its mandatory reporting system for healthcare associated infections. The act requires the report to include, for each facility, information reported to DPH or the Medicare Hospital Compare program on the number and type of infections, including:

1. central line-associated bloodstream infections,
2. catheter-associated urinary tract infections,
3. surgical site infections,
4. methicillin-resistant *staphylococcus aureus* (MRSA) infections, and
5. *Clostridium difficile* (*C. difficile*) infections.

The act also requires DPH to post information regarding healthcare associated infections on its website to help the public learn about these infections and compare infection rates at Connecticut facilities. Specifically, DPH must include clear and easily accessible links on its homepage to the (1) healthcare associated infection reports and (2) Medicare Hospital Compare website.

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